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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of PCT/IB96/00461 05/15/1996 and is a CIP of 08/877,511 06/17/1997 PAT 6,086,873
 and is a CIP of 09/094,598 06/15/1998 ABN
 and is a CIP of 09/152,698 09/02/1998
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**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 09/02/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 11	TOTAL CLAIMS 240	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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TITLE

THERAPEUTIC COMPOSITIONS THAT ALTER THE IMMUNE RESPONSE

FILING FEE RECEIVED 8083	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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